

Department of Environmental Protection
Water Supply Operations – Bureau of Safe Drinking Water
PO Box 426•Trenton, New Jersey 08625-0426
Tel # (609) 292-5550 – Fax # (609) 292-1654
www.nj.gov/dep/watersupply

# INSTRUCTIONS/EXAMPLES FOR THE COLIFORM SAMPLES REPORT FORM (BSDW-51)

## IF YOU ARE REPORTING:

QUARTERLY COLIFORM SAMPLES
OR
5 OR FEWER MONTHLY ROUTINE COLIFORM SAMPLES
OR
ANY POSITIVE ROUTINE COLIFORM SAMPLES
OR
ANY REPEAT COLIFORM SAMPLES

**YOU MUST USE THIS FORM (BSDW-51)** 

6 OR MORE MONTHLY ROUTINE COLIFORM SAMPLES

**YOU MAY USE FORM BSDW-50** 

#### Instructions for completing coliform samples report form (BSDW-51):

THIS FORM MUST BE USED BY SYSTEMS REPORTING EITHER:

- QUARTERLY SAMPLES OR
- 5 OR FEWER ROUTINE COLIFORM SAMPLES PER MONTH OR
- ANY POSITIVE COLIFORM SAMPLES AND/OR ALL REPEAT SAMPLES.

THIS FORM SHOULD ONLY BE USED TO SUBMIT COMPLIANCE SAMPLES. ANY SPECIAL SAMPLES, E.G., SAMPLES TAKEN AFTER CHLORINATION, SAMPLES TAKEN AFTER A BOIL WATER ADVISORY, ETC., SHOULD NOT BE REPORTED ON THIS FORM, BUT SUBMITTED SEPARATELY ON LABORATORY ANALYTICAL REPORT FORMS TO THE BUREAU OF SAFE DRINKING WATER.

Please use one column per sample. You must report all samples. If you are reporting a positive total coliform result, you must circle the appropriate speciation, e.g. fecal coliform OR *E. coli* (not both).

#### PWSID number

(required): Provide the correct Public Water System ID, e.g. NJ0714001. Do not put any

additional information in this field. A form submitted without a PWSID will be

returned.

Water system name

(required): Provide the actual name of water system. Do not enter a consultant or client

name in this field.

Lab ID

(required): Provide the laboratory certification number for the lab <u>performing the analysis</u>.

<u>Do not report</u> the ID number for the lab collecting the sample. If the lab is not in New Jersey, the first two characters of the ID are the abbreviation of the state,

e.g. PA999, not 77999.

Lab name

(required): Provide the name of the laboratory <u>performing the analysis</u>. <u>Do not report</u> the

name of the lab collecting the sample.

Lab sample number

(required): This must be a unique alphanumeric number the laboratory uses to track a

sample. If the sample is sent to a subcontracting lab, this number must be the number associated with the lab conducting the analysis and not the lab collecting

the sample. Maximum number of characters: 20

Water state facility code/

sample point (required): Prepopulated with distribution system (DS).

Compliance (required):

This field specifies whether the sample reported is for compliance purposes. Any total coliform samples collected after chlorination or after a boil water advisory or for other reasons should be reported as "N".

#### Possible choices:

Y: yes; this sample is for compliance purposes N: no; this sample is not for compliance purposes

Sample collection date

(required):

Enter sample collection date; format: MM/DD/YYYY

Sample collection time

(optional):

Enter sample collection time; format: HH:MM (24 hour clock)

Sample type

(required):

This field specifies the type of sample being submitted. NOTE: 5 samples taken in the month following a month in which a positive total coliform sample was

collected are considered routine samples.

Possible choices:

RT: routine RP: repeat

Repeat location code (conditionally

required):

This field is required if the sample type is RP (repeat). This field specifies the location from where repeat samples were taken.

Possible choices:

OR: original site

UP: within 5 service connections upstream within 5 service connections downstream DN:

OT: other

Original lab sample number (conditionally

required):

This field is required if the sample type is RP (repeat). Report the sample number

of the original positive sample to which you are linking this repeat sample.

Maximum number of characters: 20

Sample location

(required): Location of collection site, e.g., 274 Main St., kitchen sink, etc.

Maximum number of characters: 20

Analyte (required): This field is required if a positive coliform is reported; the user must then circle

either E. coli OR fecal coliform (but not both) in the second sub-column for each

sample.

Analysis method

(required): Report the analytical method, e.g. 9223B

Microbe presence

indicator (required): You must specify absence or presence of total coliform and, if applicable, fecal

coliform OR E. Coli.

Possible choices:

A: absence P: presence

Analysis start date

(required): Enter analysis start date for the total coliform analysis and the fecal or E. Coli

analysis (if applicable); format: MM/DD/YYYY

Analysis start time

(optional): Enter analysis start time; format: HH:MM (24 hour clock)

#### Certification:

Whoever completes the form must sign and print their name, affiliation, phone number and e-mail. This information is critical so that the Bureau can contact that person should there be a problem. The lab conducting the analysis is not required to certify the form; the person preparing the form may be the certifier. All pages must be signed.

#### NOTES

Conditionally required means the field's required status is based on the contents of another field.

The order of samples on a form is unimportant.

Be sure all required fields are filled out correctly as incomplete forms will be returned. Forms should be mailed to the address at the top of the form.

If you have any questions or need assistance filling out the forms, please contact Jonathan Meyers at the Bureau of Safe Drinking water at (609) 292-5550 or jonathan.meyers@dep.state.nj.gov

### Example 1: System collects one quarterly (or monthly) sample; it is negative for coliform. **Department of Environmental Protection** BSDW-51(3/06) Water Supply Operations – Bureau of Safe Drinking Water PO Box 426•Trenton, New Jersey 08625-0426 Tel # (609) 292-5550 – Fax # (609) 292-1654

#### **DRINKING WATER ANALYSIS-COLIFORM REPORT FORM**

THIS FORM MUST BE USED BY SYSTEM REPORTING:

- 1) QUARTERLY SAMPLES

	5 OR LESS <u>ROUTINE</u> SA POSITIVE RESULTS AND			PLES						FOR OFF	ICE USE ONLY
P۷	VSID <b>^</b> : NJ2199999	System N	Name: ABC W	/ater		Lab ID^: 998	399	Lab Name	: ABC Lab		
	out one column per sample equired field. ^^Condition						R fecal colifor	m if original s	sample was po	ositive for tot	al coliform.
	Lab sample number <sup>^</sup>	75898	7589837473								
	Water state facility code		DS		DS .	[	os .		)S	DS	
on	Sampling point	С	DS		os	[	os		S	DS	
nati	Compliance (Y/N)	Υ									
forn	Sample collection date <sup>^</sup>	10/21	1/2005								
ij	Sample collection time										
Sample information	Sample type (RT/RP) <sup>A</sup>	RT									
San	Repeat location code ^^										
	Original lab sample number ^^										
	Sample location <sup>^</sup>	bar sink									
Sample Results	Analyte	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform
æ	Analysis method <sup>^</sup>	9223B									
ple	Microbe presence (P/A)^	Α									
Sam	Analysis start date <sup>^</sup>	10/21/2005									
0,	Analysis start time										
I c for	epared by:Owner/Oper ertify that the information submitting false information John Miller Name of preparer/certifier	submitted is, on, including	, to the best o	of my knowle	edge and belied I imprisonmer	ef, true, accui					cant penalties

	cample 2: System		-	erly (or mo	onthly) sa	mple; it is	positive f	or total co	oliform. S	ystem col	lects 4	
	repeat samples; all are negative.  SDW-51(3/06)  Department of Environmental Protection  Water Supply Operations – Bureau of Safe Drinking Water  PO Box 426•Trenton, New Jersey 08625-0426  Tel # (609) 292-5550 – Fax # (609) 292-1654  DRINKING WATER ANALYSIS-											
1) ( RE	IS FORM MUST BE USED QUARTERLY SAMPLES PEAT SAMPLES	2) 5 OR LES	S ROUTINE	NG: SAMPLES II	OLIFORM R	OR 3) POSI	M FIVE RESUL	Г		FOR OFFI	CE USE ONLY	
Fill	/SID^: NJ2199999 out one column per samplequired field. ^^Condition	le taken. YO		PORT ALL S	AMPLES. Se			Lab Name		ositive for tota	al coliform.	
	Lab sample number^	7589835855		656758	858-001	656758	858-002	656758	858-003	656758858-004		
	Water state facility code	DS		D	S	С	S	С	S	D	S	
ion	Sampling point	D	DS		DS		S	DS		DS		
nat	Compliance (Y/N)	,	Y	Y		Y		Y		Y		
Sample information	Sample collection date <sup>A</sup>	10/21	/2005	10/22/2005		10/22	10/22/2005		10/22/2005		10/22/2005	
e. ⊒	Sample collection time											
ď	Sample type (RT/RP) <sup>^</sup>	F	?T	RP		R	RP		lP	R	P	
Sar	Repeat location code ^^			0	)R	D	N	C	)T	U	Р	
	Original lab sample number ^^			75898	35855	75898	35855	75898	35855	75898	35855	
	Sample location <sup>^</sup>	bar	sink	bar	sink	men's	room	slop	sink	ladies	' room	
ample Results	Analyte	total coliform	Circle one  E. coli  Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	
Re	Analysis method <sup>^</sup>	9223B	9223B	9223B		9223B		9223B		9223B		
ple	Microbe presence (P/A)^	Р	Α	А		Α		Α		А		
am	Analysis start date <sup>^</sup>	10/21/2005	10/21/2005	10/22/2005		10/22/2005		10/22/2005		10/22/2005		

Analysis start date Analysis start time

Example 3: System collects 5 samples in the month following a positive total coliform sample; all are negative. **Department of Environmental Protection** BSDW-51(3/06) Water Supply Operations – Bureau of Safe Drinking Water PO Box 426 Trenton, New Jersey 08625-0426 Tel # (609) 292-5550 - Fax # (609) 292-1654 **DRINKING WATER ANALYSIS-COLIFORM REPORT FORM** THIS FORM MUST BE USED BY SYSTEM REPORTING: 1) QUARTERLY SAMPLES or 2) 5 OR LESS ROUTINE SAMPLES IN A MONTH or 3) POSITIVE RESULTS AND/OR ALL REPEAT SAMPLES PWSID\*: NJ2199999 System Name: ABC Water Lab ID^: 99899 Lab Name: ABC Lab Fill out one column per sample taken. YOU MUST REPORT ALL SAMPLES. Select E. coli OR fecal coliform if original sample was positive for total coliform.

\*Required field. \*\*Conditionally required field. (see instructions for further information)

	Lab sample number <sup>^</sup>	85898	8589835860		8589835855		835856 85898		35857	85898	35858
	Water state facility code		os	DS		DS		DS		DS	
ion	Sampling point		DS		DS		S	DS		DS	
rmation	Compliance (Y/N)		Υ		Y		1	Υ		Υ	
nfori	Sample collection date <sup>^</sup>	11/21	11/21/2005		11/21/2005		/2005 11/21		/2005	11/21/2005	
le in	Sample collection time										
Sampl	Sample type (RT/RP)^	F	RT		RT RT		RT		RT		
Sar	Repeat location code ^^										
	Original lab sample number ^^										
	Sample location <sup>^</sup>	RM 1	RM 103 sink		RM 207 sink		3 sink	RM306 sink		RM 410 sink	
sults	Analyte	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform
Re	Analysis method <sup>^</sup>	9223B									
ald (	Microbe presence (P/A)^	А		Α		А		Α		Α	
Sampl	Analysis start date <sup>^</sup>	11/21/2005		11/21/2005		11/21/2005		11/21/2005		11/21/2005	
	Analysis start time										

Prepared by:Owner/Oper	ator _X_ Analytical LabCons	ultant/Reporting Lab/Other (show affiliatio	n below)	E-mail: jmiller@ABClab.com	
I certify that the information s	submitted is, to the best of my kr	nowledge and belief, true, accurate, and c	omplete. I am aw	vare that there are significant pena	ılties
for submitting false information	on, including the possibility of fine	e and imprisonment.			
John Miller Name of preparer/certifier	ABC Lab Affiliation	Signature	10/25/2005 Date	Phone No. (609) 555-6789	

	kample 4: System o		-				itive total	coliform s	ample; or	ne sample	e is
Dositive. System collects 3 repeat samples; all are negative.  Department of Environmental Protection  Water Supply Operations – Bureau of Safe Drinking Water  PO Box 426•Trenton, New Jersey 08625-0426  Tel # (609) 292-5550 – Fax # (609) 292-1654											
1) (	DRINKING WATER ANALYSIS-  COLIFORM REPORT FORM  HIS FORM MUST BE USED BY SYSTEM REPORTING:  QUARTERLY SAMPLES or 2) 5 OR LESS <u>ROUTINE</u> SAMPLES IN A MONTH or 3) POSITIVE RESULTS AND/OR ALL  EPEAT SAMPLES										
	/SID^: NJ2199999		Name: ABC W			ab ID^: 998		Lab Name:			CE USE ONLY
	out one column per sample equired field. ^^Condition						R lecal collor	m ii originai s	sample was p	ositive for tota	ai colliorm.
	Lab sample number^	9189835855		9189835856		91898	35857	91898	35858	9189835859	
	Water state facility code	DS		DS		D	S	D	S	DS	
ö	Sampling point	С	DS .	DS		D	S	D	S	D	S
nat	Compliance (Y/N)	,	Υ	Υ		Y		Y		Υ	
Sample information	Sample collection date <sup>^</sup>	10/21	1/2005	10/12/2005		10/02/2005		10/03/2005		10/07/2005	
⊒.	Sample collection time										
헏	Sample type (RT/RP) <sup>A</sup>	F	RT	R	:T	R	:T	R	:T	R	:T
San	Repeat location code ^^										
••	Original lab sample number ^^										
	Sample location <sup>^</sup>	425 Ma	in Street	123 Rox	kboro Dr	400 Broa	ad Street	500 Map	le Street	1000 Br	oadway
sample Results	Analyte	total coliform	Circle one  E. coli  Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform
<b>Re</b>	Analysis method <sup>^</sup>	9223B	9223B	9223B		9223B		9223B		9223B	
ple	Microbe presence (P/A)^	Р	Α	А		А		А		А	
Sam	Analysis start date <sup>^</sup>	10/21/2005	10/21/2005	10/12/2005		10/02/2005		10/03/2005		10/07/2005	

Analysis start time

# Example 4 continued.

BSDW-51(3/06)

Prepared by:

# Department of Environmental Protection Water Supply Operations – Bureau of Safe Drinking Water PO Box 426•Trenton, New Jersey 08625-0426 Tel # (609) 292-5550 – Fax # (609) 292-1654

#### DRINKING WATER ANALYSIS-COLIFORM REPORT FORM

THIS FORM MUST BE USED BY SYSTEM REPORTING:

1) QUARTERLY SAMPLES or 2) 5 OR LESS <u>ROUTINE</u> SAMPLES IN A MONTH or 3) POSITIVE RESULTS AND/OR ALL REPEAT SAMPLES

Owner/Operator X Analytical Lab Consultant/Other (show affiliation below)

PWSIDA: NJ2199999 System Name: ABC Water Lab IDA: 99899 Lab Name: ABC Lab FOR OFFICE USE ONLY
Fill out one column per sample taken. YOU MUST REPORT ALL SAMPLES. Select *E. coli* OR fecal coliform if original sample was positive for total coliform.

\*\*Required field. \*\*A\*\*Conditionally required field. (see instructions for further information)

	Lab sample number <sup>^</sup>	656758858-001		656758	858-002	656758	858-003				
	Water state facility code		DS		DS		DS		os	DS	
ion	Sampling point		DS		DS		S	DS		DS	
nat	Compliance (Y/N)	Υ		Υ		`	Y				
for	Sample collection date <sup>^</sup>	10/22/2005		10/22/2005		10/22	10/22/2005				
e in	Sample collection time										
ď	Sample type (RT/RP)^	F	RP		P	RP					
Sar	Repeat location code ^^	OR		U	UP DN						
	Original lab sample number ^^	9189835855		9189835855		91898	35855				
	Sample location ^	425 N	425 Main St		400 Main St.		ain St.				
sults	Analyte	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform
8	Analysis method <sup>^</sup>	9223B		9223B		9223B					
ble	Microbe presence (P/A)^	А		Α		Α					
Sarr	Analysis start date <sup>^</sup>	10/22/2005		10/22/2005		10/22/2005					
	Analysis start time										

		owledge and belief, true, accurate, and com	nplete. I am av	vare that there are significant penalties
for submitting false information	on, including the possibility of fine	and imprisonment.		
John Miller	ABC Lab		10/25/2005	Phone No. (609) 555-6789 x100
Name of preparer/certifier	Affiliation	/ Signature	Date	

E-mail: jmiller@ABClab.com

	ample 5: System			samples i	in a partic	cular mont	th; one sa	mple is po	ositive. S	ystem col	lects 3
	peat samples; all a w-51(3/06)	<u>re negati</u>		er Supply Op PO Box 42	nent of Envi perations – E 6∙Trenton, l 9) 292-5550						
1) (	IS FORM MUST BE USEE QUARTERLY SAMPLES O PEAT SAMPLES	or 2) 5 OR L	ESS <u>ROUTIN</u>	NG: IE SAMPLES	OLIFORM R	,	M TIVE RESUL	TS AND/OR	ALL	FOR OFFI	CE USE ONLY
	/SID^: NJ2199999 out one column per sampl	,	Name: ABC W			Lab ID <b>^</b> : 998 elect <i>E. coli</i> O		Lab Name			
<b>^</b> R	equired field. ^^Condition	ally required	field. (see in			mation)					
	Lab sample number <sup>^</sup>	3389835855		656758	858-001	656758	858-002	656758	858-003	656758111	
_	Water state facility code	DS		D	S		S	D	S	D	S
ö	Sampling point	DS		DS		DS		DS		D	S
Sample information	Compliance (Y/N)	,	Y	Y		Υ		Y		Υ	
for	Sample collection date <sup>^</sup>	10/21	/2005	10/22/2005		10/22/2005		10/22	/2005	10/12/2005	
.⊑	Sample collection time										
헏	Sample type (RT/RP) <sup>A</sup>	F	RT	R	P	R	RP		Р	R	Т
San	Repeat location code ^^			0	R	D	N	U	Р		
0,	Original lab sample number^^			33898	35855	33898	35855	33898	35855		
	Sample location <sup>^</sup>	425 Ma	in Street	425 Mai	in Street	400 Ma	in Street	500 Ma	n Street	1000 Br	oadway
ample Results	Analyte	total coliform	Circle one  E. coli  Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform	total coliform	Circle one E. coli Fecal coliform
æ	Analysis method <sup>^</sup>	9223B	9223B	9223B		9223B		9223B		9223B	
ple	Microbe presence (P/A) <sup>A</sup>	Р	Α	А		Α		А		А	
am	Analysis start date <sup>^</sup>	10/21/2005	10/21/2005	10/22/2005		10/22/2005		10/22/2005		10/12/2005	

Analysis start time